

# Registered pharmacy inspection report

**Pharmacy Name:** Kingfisher Pharmacy, 2 Kingfisher Centre, Elthorne Way, Green Park Estate, NEWPORT PAGNELL, Buckinghamshire, MK16 0JR

**Pharmacy reference:** 1029193

**Type of pharmacy:** Community

**Date of inspection:** 18/03/2024

## Pharmacy context

This is a community pharmacy within a small arcade of shops in a residential area of Newport Pagnell, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines. The pharmacy also offers seasonal flu vaccinations, blood pressure testing as well as the Pharmacy First Service.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services in a satisfactory way. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. The pharmacy protects people's confidential information appropriately. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy largely keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had a range of documented standard operating procedures (SOPs) to provide its team with guidance on how to complete tasks appropriately. There was evidence that staff had read and signed them. Team members were clear on their roles and responsibility, and members of the pharmacy team knew what their tasks involved. The team knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. Team members processed and assembled prescriptions in different areas, the RP worked and accuracy-checked prescriptions from a separate section in the dispensary. Different members of staff participated in printing, preparing prescriptions, and generating dispensing labels. This helped identify any errors and enabled more than one accuracy check to take place. Staff were observed to concentrate on one task at a time. The RP described handling dispensing incidents which reached people and complaints in a suitable way, the relevant details were recorded and investigated appropriately. Errors that occurred during the dispensing process (near miss mistakes) were also routinely recorded. Look-alike and sound-alike medicines were separated and highlighted, warning labels had been placed in front of some stock as an additional alert and certain medicines (such as eye drops) had been further organised to help minimise selection errors. However, near miss mistakes were reviewed informally. The RP described mini-reviews and regular discussions with team members taking place, but there were no details recorded to verify this. This could make it harder to spot patterns and trends.

The pharmacy's team members had been trained to protect people's confidential information. The pharmacy displayed details on how it did this and the team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Staff used their own NHS smartcards to access electronic prescriptions and they had signed a declaration to ensure confidential information was protected. The RP had been trained to level two to safeguard the welfare of vulnerable people. Members of the team could also recognise signs of concern and they had been trained to level one. The pharmacy had contact details available for the local safeguarding agencies so they could refer suitably in the event of a concern.

The pharmacy had current professional indemnity and public liability insurance. A sample of registers seen for controlled drugs (CDs), records of emergency supplies and unlicensed medicines had been

maintained in accordance with legal requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy had also been suitably maintained. However, there were gaps within the RP record which could make it harder to identify when a pharmacist's responsibility ceased and incomplete details about prescribers had been documented within the electronic private prescription register. This was discussed during the inspection.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified. And the pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team consisted of a regular locum pharmacist and four trained dispensing assistants who were all part-time. One of the dispensing assistants was also a cluster lead and looked after a few local pharmacies which were owned by the same company. The pharmacy had enough staff to support the workload and the team was up to date with this. Staff wore uniforms and had name badges.

Staff asked relevant questions before selling medicines. They were aware of medicines which could be abused or had legal restrictions and sales of these medicines were monitored. Team members knew when to refer to the pharmacist appropriately. Their performance reviews were said to be an informal process at present and discussions took place regularly. They also had access to resources for ongoing training through the company and pharmacy support organisations. This helped members of the pharmacy team keep their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment to deliver services from. The pharmacy is professionally presented. And people can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy's premises were clean and tidy. The pharmacy was bright with suitable ambient temperature for storing medicines and safe working. The premises were secure from unauthorised access. The retail area was professionally presented with two chairs for people to use while they waited. There was also a separate consultation room to hold private conversations and provide services. The room was of an appropriate size and clearly signposted. It was also accessible for people using wheelchairs and kept secure when not in use. Conversations at a normal level of volume could take place inside without being overheard. Access to the dispensary was restricted. The dispensary had an adequate amount of space for staff to carry out dispensing tasks safely. It was kept clear of clutter although fixtures and fittings in this section were dated in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services in a suitable way. Members of the pharmacy team help ensure that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it stores as well as largely manages them appropriately. Team members regularly identify people who receive higher-risk medicines and make the relevant checks. But they don't always record this information. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

### Inspector's evidence

The pharmacy was open Monday to Friday from 9am to 5.30pm, and on weekends from 9am to 12.30pm. The pharmacy's services as well as its opening times were clearly advertised. A range of leaflets and posters were on display to provide information about various health matters. People could enter the pharmacy through an automatic front door. The area outside the medicines counter and leading up to it, consisted of clear, open space. This helped people with restricted mobility to easily access the pharmacy's services. Team members explained that they served some people with diverse needs and made reasonable adjustments if this was required. This included providing people with written details or communicating verbally to people who were visually impaired. Some of the staff were multilingual which assisted people whose first language was not English.

The team had also built links and a rapport with the Romany and traveller communities in the local area. This involved the cluster lead, reaching out to this community and building a relationship over a period of 20 years. She had identified as well as recognised that this was a group of people that may not have sought treatment on their own and additional intervention or assistance was required. The team had subsequently helped them with paperwork for any prescription charge exemptions, assisted them with their reading and writing, enabled them to easily collect prescribed medication, undertaken blood pressure (BP) checks and provided consultations under the Pharmacy First Service.

People could have their BP checked and their ambulatory BP could be monitored and checked over a 24-hour period through the pharmacy. The results were then sent to the GP surgery. The RP explained that this service had helped identify people with undiagnosed BP resulting in prescriptions for prescribed medicine(s). The pharmacy had also begun providing the recently commissioned Advanced NHS service, Pharmacy First Service. The service specification and Patient Group Directions (PGDs) to authorise this were readily accessible and had been signed by the RP. Suitable equipment was present which helped ensure that the service was provided safely and effectively (see Principle 5).

The workflow involved prescriptions being prepared in one area before the RP checked medicines for accuracy. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour coded which helped identify priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process.

Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified

people in the at-risk group who had been supplied this medicine. Team members also routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines. After obtaining this information however, there were no records were kept about this.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Short-dated medicines were identified. The team checked medicines for expiry but kept limited records of when this had taken place. There were no date-expired medicines seen. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Medicines requiring refrigeration were stored in a suitable way and fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. Medicines returned for disposal, were accepted by staff, and stored within designated containers. People who brought sharps back for disposal were redirected accordingly. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services safely. Its team members keep the equipment clean and use it in a way which helps keep people's private information safe.

### Inspector's evidence

The pharmacy's equipment was suitable and kept clean. This included standardised conical measures for liquid medicines, triangle tablet and capsule counters, a legally compliant CD cabinet, an appropriately operating pharmacy fridge, and current reference sources. Additional equipment for the pharmacy's services included an otoscope, tongue depressors, a stethoscope which belonged to the RP and a BP machine. The latter was new. Computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. The pharmacy also had portable telephones which meant that conversations could take place in private if required.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.